

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

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PUBLIC RECORDS

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY

LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

16 JUL 18 PM 3:42

1. NAME OF COMMITTEE (in full) Russ for Wisconsin
USE FEC MAILING OR TYPE OR PRINT
Example: if typing, type over the lines. 12FE4M5

ADDRESS (number and street) PO Box 620061

Check if different
than previously
reported (ACC)

Middleton

CITY

WI
STATE

53562

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00578013

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

WI

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☒ July 15

Quarterly Report (Q2)
and/or Semi-annual Report

☐ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE)
and/or Semi-annual Report

July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

This report also covers
the semi-annual period

Election on in the State of

See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers
the semi-annual period

Election on in the State of

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers 04 01 2016 through 06 30 2016

and/or ☒ January 1 - June 30

☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

129883.28

263675.99

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

~~Joe Sennebrunner~~

Christopher Louderback, Assistant Treasurer

Signature of Treasurer

[Signature]

07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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02/2009

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